

DOUGLAS COUNTY, NV

2022-988786

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\$40.00

Pgs=4

08/25/2022 09:49 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Marie Elaine Walker

3553 Long Dr

Minden, NV 89423

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2203045-RLT

APN No.: 1420-08-610-002

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Marie Elaine Walker, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That David Edward Walker the decedent mentioned in the attached copy of the Certificate of Death, is the same person as David E. Walker and Marie Elaine Walker, Husband and Wife as Joint Tenants named as one of the Grantees in that certain Deed from Russell Deaver, a married man as his sole and separate property to David E. Walker and Marie Elaine Walker, Husband and wife as joint tenants recorded in as Instrument No. 778600, on February 15, 2011 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 621, as set forth on Final Map No. LDA #99-054-6 SUNRIDGE HEIGHTS III, PHASE 6, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 24, 2004, in Book 804, Page 10164, Document No. 622411.

Dated: 8-22-22

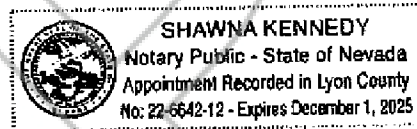
Mari Elaine Walker
Mari Elaine Walker

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on August 20 2020
by Mari Elaine Walker

Shawna Kennedy
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4264204

CERTIFICATE OF DEATH

2022002548
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Edward WALKER		2. DATE OF DEATH (Mo/Day/Year) January 28, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 3553 Long Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 25, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marie Elaine CLAPP	
PARENTS	13. SOCIAL SECURITY NUMBER 5197		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Regional Installation Manager		14b. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 3553 Long Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. PARENT - NAME (First Middle Last Suffix) Edward WALKER			17. PARENT - NAME (First Middle Last Suffix) Barbara CLANNEY		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Marie Elaine WALKER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3553 Long Dr Minden, Nevada 89423		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED KELLE L BROGAN MD		21b. DATE SIGNED (Mo/Day/Yr) February 02, 2022		21c. HOUR OF DEATH 09:00	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 1155 Mill St Reno, NV 89502			23b. LICENSE NUMBER 6000		
	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I					
(a) End Stage Renal Disease Stopping Hemodialysis						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Hypertensive Heart Disease						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Diabetes Mellitus						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				



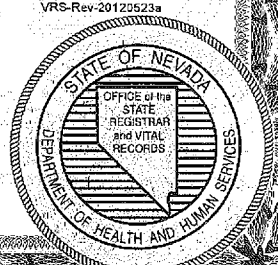
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

[Signature]
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order No.: 02203045-RLT

EXHIBIT A

All that certain real property situate in the City of Minden, County of Douglas, State of Nevada, described as follows:

Lot 621, as set forth on Final Map No. LDA #99-054-6 SUNRIDGE HEIGHTS III, PHASE 6, a Planned Unit Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 24, 2004, in Book 804, Page 10164, Document No. 622411.

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